Effective October 1, 2004 D 5/6652													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	MITTY	OR	OTHER		
το	TAL CLAI	MS					1	RATE	FEE]	RATE	FEE	į
FOF			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE		OR	BASIC FEE	950	ĺ
101	AL CHARGE	ABLE CLAIMS	4 minus 20 =		•		1	X\$9=		OR	X \$ 18 =	7.0	
IND	EPENDENT	CLAIMS .	3	3 minus 3 o		•		X\$44=		OR	X \$ 88 =		
¥	TOPLE DEPI	ENDENT CLAIM P	ESENT					+ \$ 150 =		OR	+ \$ 300 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	950	
7-7 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENOMENTA		CLAMS REMADING AFTER AMENDMENT		PREVI	HEST MBER MOUSLY D FOR	PŘESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	Total	14	Minus	- 2	<u></u> U		†	X\$9=		OR	X \$ 18 =		1
	Independen	1 3	Minus	-3	<u> </u>	-		X \$ 44 =		OR.	X \$ 88 =		
	FIRST PRE	SENTATION OF	IULTIPLE DEPENDENT CLAIM					+ \$ 150 =		OR	+ \$ 300 =		
11606								ADDIT. FEE		OR	ADOM. FEE		
AMENDMENT B	1-1-	(Column 1) CLAIMS REMADING AFTER AMENDMENT		(Cohi HIGH MUM PREVIO PAID	ESY BER XUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL EEE	,	RATE	ADOI- TIONAL FEE	
	Total	14	Minus	2	9	5	//	X\$9=		OR	X\$ 18 =		/
	Independen	1.13	Minus	-	3	•	/	X\$44=		OR	X \$ 88 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 150 =		OR	+ \$ 300 =		
4-5-07 (Column 1) (Column 2) (Column 3)													
ENDAKENT C		CLAIMS REMAINING AFTER AMENIMENT	G	PREVIO	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		. RATE	ADDI- TIONAL FEE		RATE	ADDL TIONAL FEE	
	Total	17	Minus	20		* /		X\$9=	1	OR	X \$ 18 =		1
	Independent	. 3	Minus	" 3		-/		X\$44		OR	X \$ 88 9		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 150 =		OR	+ \$ 200 -		
••	* If the entry in column 1 is less than the entry in column 2, write "If it column 3. ** If the Trighest Number Previously Paid For IN Thit's SPACE is less than "20", enter "20".												
	i teatght, and t it teatght aff	Number Proviously Parameter Proviously Pa	'aid for 116 Thiss : All for (Total or 12	SPACE is it relapendent) is the h	3, enter 3. Ighesi number is	urd in t	he appropriate	Box in cober	m 1.			